



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000
www.dca.ca.gov/bsis

CHANGE OF ADDRESS

(Please type or print clearly)

License or Registration Number(s): _____

Date of Birth: _____

Social Security Number: _____

OLD ADDRESS

Name: _____

Address: _____

City, State, Zip Code: _____

NEW ADDRESS

Name: _____

Address: _____

City, State, Zip Code: _____

Please mail this form to the Bureau at the above address or fax to (916) 575-7290. Thank you.

California Code of Regulations (CCR) and the Business and Professions Code sections 606 (b), 7508.6, 7566, 7599.59, 7587.14 and 6980.32 state that the Director may assess administrative fines against any licensee, registrant, or firearms qualification card holder for failure to notify the Bureau within 30 days of any change of residence or business address. Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code Public Law 94-455 [42 USCA 405(c)(2)(C)] authorizes collection of your Social Security number.

Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

SIGNATURE: _____ DATE: _____